

ORGANIZATION NAME
VOLUNTEER INTAKE FORM

Thank you for your interest in volunteering for [ORGANIZATION NAME]. This form is used to collect information about volunteers and used for internal purposes only. The information you provide is confidential and will be treated accordingly.

VOLUNTEER INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Phone: _____

Date of Birth: _____

EMERGENCY CONTACT

Emergency Contact Name: _____

Relationship: _____

E-Mail: _____ Phone: _____

AVAILABILITY

List the days and times you are available to volunteer:

INTERESTS & QUALIFICATIONS

Skills & Qualifications: _____

Highest Level of Education: _____

Driver's License: ☐ Yes ☐ No

ACKNOWLEDGEMENT

I recognize that the opportunity to participate in the [ORGANIZATION NAME] volunteer program may involve physical labor and may carry a risk of personal injury. I hereby agree to assume all risks which may be associated with my participation.

I hereby release, discharge, waive, and relinquish all claims, liabilities, and damages I may sustain from bodily injury, personal injury, or property damage, and hold harmless the [ORGANIZATION NAME], its officers, directors, employees and agents.

Signature: _____ Date: _____

Print Name: _____